

<b>TITLE OF FORM:</b>			
Number of pages:		Procedure Number	
Prepared by:	Date:	Approved by:	Date:
Designation		Designation	

## Supplier Delivery Note

DELIVERY NOTE					
CENTRAL MEDICAL STORE					
Invoice/Delivery Note Number: _____			Date: _____		
Customer Name and address: _____					
Customer Order/Requisition Number: _____			Order Date: _____		
Line	Quantity	Item description	Unit of issue	Unit price	Total price
1.	100	Acetylsalicylic acid 500 mg tab 1,000 tab	1000 tabs	40.00	4000.00
2.	20	Magnesium trisilicate 100 tab			
3.	5	Chloroquine 100 mg b 1,000 tab			
4.	150	ORS sachets 50 sachets			
5.	50	Benzyl penicillin vial 1 vial			
<b>Total Invoice</b>					
Comments: _____ _____					
Packed by: _____		Date: _____			
Checked by: _____		Date: _____			
Delivered by: _____		Date: _____			
Received by: _____		Date: _____			

Review Date:					
Date Reviewed:					
Signature:					

